



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF WATER RESOURCES



APPLICATION FOR SOIL EVALUATOR LICENSE EXAM

FOR DEM USE ONLY

Date Received _____ Check No. _____ Amt. Received _____ Code 17A

INSTRUCTIONS

1. Read all instructions and questions carefully before completing this application.
2. Do not write in shaded areas. All information must be printed in ink or type written.
3. Fill out all sections completely, including your signature.
4. Attach a photograph to the application where indicated.
5. Include the non-refundable application fee of \$50.00. Fees should be paid by check or money order made payable to **GENERAL TREASURER, STATE OF RHODE ISLAND**.
6. Send application and fee to: **Department of Environmental Management, Office of Management Services,**
235 Promenade Street, Providence, RI 02908.

Within 30 days of receipt of an application, the applicant shall be notified of their eligibility status. If the applicant is deemed ineligible, the Department shall provide the applicant with reasons for the determination. The applicant may appeal the Director's decision of ineligibility with the Administrative Adjudication Division.

GENERAL INFORMATION

Social Security No. _____ - _____ - _____ D.O.B. ____/____/____

Last Name _____ First Name _____ MI _____

Legal Mailing Address _____

City/Town _____ State _____ Zip _____ (_____) _____
Telephone _____

PHOTOGRAPH

Attach unmounted
recognizable photograph
in this space with face not
more than 1 inch or less
than 3/4 inches wide.
Photo must be taken not
more than six months prior
to filing application.

EMPLOYMENT HISTORY

*List relevant work experience in soil studies and percolation testing for septic system design in RI or in soil classification, mapping, interpretation or a combination thereof.
DO NOT list unrelated work experience. Attach additional sheets if necessary.*

Current employment

Name of employer: _____ Position: _____

Address: _____ Telephone: _____

Date started: _____ Duties: _____

Past employment

Name of employer: _____ Position: _____

Address: _____ Telephone: _____

Date employed from: _____ to: _____ total # of yrs. employed _____

Duties: _____

Name of employer: _____ Position: _____

Address: _____ Telephone: _____

Date employed from: _____ to: _____ total # of yrs. employed _____

Duties: _____

PREREQUISITES: (check appropriate box)Registered as a Soil Scientist with the: (submit copies of certificate)☐ SSNE Registration # _____☐ ARCPACS Registration # _____☐ 9 Semester Hours ☐ Professional Soil Scientist

Have you ever possessed a professional license or certificate, which is related to soil science or ISDS design work, which was revoked, suspended or which has expired? Yes ☐ No ☐

EDUCATION

Provide copies of diplomas and/or college transcripts.

EDUCATIONAL BACKGROUND	NAME & ADDRESS OF INSTITUTION	YEARS ATTENDED From	To	DATE OF GRADUATION	DEGREE GRANTED
High School					
Technical School					
College/University					
College/University					

If yes, what type of license _____.

If yes, please give date of revocation, suspension or expiration _____.

List course titles which are to be applied towards the required 9 semester hours in soil science.

Title: _____ Credits/Sem. hrs.: _____

Date Completed: ____/____/____ Institution: _____

Title: _____ Credits/Sem. hrs.: _____

Date Completed: ____/____/____ Institution: _____

Title: _____ Credits/Sem. hrs.: _____

Date Completed: ____/____/____ Institution: _____

EXAMINATION**Please check the component(s) of the examination for which you are applying:**

These do not have to be passed concurrently. However, if more than two years elapse before both are passed, the portion originally passed, must be retaken.

Field ☐ **Written** ☐**AFFIDAVIT**

I, the undersigned Applicant, hereby declare under the penalty of perjury that all statements made on this application and in support thereof are true and complete to the best of my knowledge and belief; that this application is made in compliance with the laws, rules, and regulations of the State of Rhode Island.

Signature of Applicant _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary _____ My Commission expires _____, 20_____.

(SEAL)